

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Tea Party Patriots Citizens Fund</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00540898	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 05 / 14 / 2020	

Full Name of Payee <b>CORPORATE COMMUNICATIONS GROUP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2020	
Mailing Address 800 COMMERCE DRIVE		Amount 29106.15	
City UPPER MARLBORO	State MD	Zip Code 20774	<b>Transaction ID : SE24.4904</b>
Purpose of Expenditure IE-TRUMP-DIRECT MAIL POSTAGE MULTI STATE IE: DISTRIBUTED IN ALL 50 STATES		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2020
Name of Federal Candidate TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>THE LUKENS COMPANY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2020	
Mailing Address 2800 SHIRLINGTON ROAD 9TH FL		Amount 52844.27	
City ARLINGTON	State VA	Zip Code 22206	<b>Transaction ID : SE24.4905</b>
Purpose of Expenditure IE-TRUMP-DIRECT MAIL MULTI STATE IE: DISTRIBUTED IN ALL 50 STATES		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 30 / 2020
Name of Federal Candidate TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	81950.42
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 02 / 2020

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Tea Party Patriots Citizens Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00540898	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 05 / 14 / 2020	

Full Name of Payee <b>Tea Party Patriots Action</b> Additional Costs not known at time of expenditure		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2020	
Mailing Address 80 M Street SE 1st FL		Amount 9767.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SE24.4906
Purpose of Expenditure IE-TRUMP-STAFFING MULTI STATE IE: DISTRIBUTED IN ALL 50 STATES		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2020
Name of Federal Candidate Trump, Donald , J ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9767.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	91717.42

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 02 / 2020

Signature